

Written Testimony of Rosemary Klotz, 95 Harrison Street, New Britain, CT 06052 on H.B. 7174,
An Act Concerning Prescription Drugs

My name is Rosemary Klotz. I live at 95 Harrison Street in New Britain. In 1996 I was diagnosed with Crohn's Disease, having been hospitalized with classic symptoms of an extended period of violent vomiting, diarrhea, severe intestinal cramps and dehydration. I went under the care of a local Gastroenterologist who prescribed a low fiber diet and a medication called mesalamine. Along with careful dietary management, I took this medication, with no side effects, until mid-January 2019. For twenty-two years I lived with Crohn's with occasional flare-ups, only requiring brief hospitalization a few times. I was able to work a full-time, demanding job for several decades since my diagnosis, unlike many victims of Crohn's who can barely function. Many are unable to work due to the severity and unpredictability of the daily symptoms and flares that are characteristic of the disease. Over the years, my doctor and I had to fight for coverage of my mesalamine prescription. Several times the insurance company dictated a different brand of mesalamine but it was still covered with a reasonable co-pay.

In January 2019 I went to refill my prescription and was told it would be over \$700.00 Aetna had dropped all mesalamine from its formulary and would no longer cover it. I was days away from running out of pills which probably would have landed me in the hospital. That did not matter to Aetna.

Fortunately, my doctor's office was able to provide me with samples for ten days while I consulted with my doctor and fought with Aetna to find an alternative. They no longer provided ANY options of the same type of medication to treat Crohn's that were under a "Tier 4". (co-pay over \$400.00/mo.) On a fixed low income since I became unemployed at age 66 in 2013, there was no way I could afford this by any stretch of the imagination or budget.

I am now taking the cheapest alternative available at \$35.00/mo. co-pay. Mercaptopurine may or may not work for me. It comes with a risk of various forms of cancer, suppression of my immune system, and destruction of my bone marrow or liver. I now get weekly blood tests to detect and monitor the damage.

There are two additional tests that can predict the likelihood of the bone marrow and liver problems, (TPMT Activity and TPMT Genotype) but my doctor warned me that they are "very expensive". The Lab could not give me any information about costs. Medicare would not give me any information about costs or coverage. My doctor's office is currently also trying to get this information from Medicare, but, so far, has been unsuccessful. I don't have a right to know?

After twenty-two years of successfully managing my Crohn's with a \$6.00/mo. co-pay and no side effects I am now forced, by Aetna's corporate greed and Medicare's bureaucratic stupidity, to take a medication which may or may not work for my Crohn's and may or may not kill me.

As legislators, you have an obligation to try to alleviate the suffering of thousands of people in our state who are victims of these heartless, greedy price gouging games that drug and insurance companies play with our lives. H.B. 7174 is a step in the right direction.